

Foster Family Home - Corrective Action Report

Provider ID: 1-580226

Home Name: Soo Yeon Phillips, CNA

Review ID: 1-580226-6

1033 Ala Lilikoi Street

Reviewer: Sue Lo

Honolulu HI 96818

Begin Date: 12/12/2017

End Date: 12/15/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/12/2018.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Lapsed on CPR and First Aid due on/before 1/12/16 was done 2/1/16 for CG#4.



Compliance Manager



Date



Primary Care Giver



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Soo Yean Phillips

CCFFH Address: 1033 Ala Lihko St, Honolulu, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(5)	Lapse cannot be revised	12-12-2017	I understand that CPR & First Aid are very important. I now use log to keep track of all requirement before due date. I'll remind all SCGS' renewal dates.

Primary Caregiver's Signature: S. Phillips

Print Name: Soo Yean Phillips

Date of Signature: 12-12-2017